

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Christian Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **8 days**  
In this community..... **Life**  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5217 Robin Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **William F. C. Rudolph**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **489-12-139e**

4. Sex **Male** 5. Color or Race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (c) Age of husband or wife if alive. **65** years  
7. Birth date of deceased **August 13, 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72 3 21** hr. min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman**

11. Industry or business **Mississippi Glass Co.**

MOTHER FATHER { 12. Name **August Rudolph**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Caroline Rudolph**  
(b) Address **5217 Robin Ave.**

17. (a) **Burial** (b) Date thereof **Dec. 8, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Lebanon Cemetery**

18. (a) Signature of funeral director **Calvin F. Peutz Fun. Home**  
(b) Address **4828 Natural Bridge**

19. (a) **DEC 7 1942** (b) **J. J. Prudeak**  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **4th**,  
year **1942** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov. 27** 19**42** to **Dec 4** 19**42**  
that I last saw him alive on **Dec 4** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Coronary Occlusion  
Bronchectasis**

Duration

**Superior Unknown**

Due to.....

Due to.....

Other conditions **Generalized Arteriosclerosis**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy **Bronchectasis; Coronary Occlusion; Arteriosclerosis**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State).....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury **D**

23. Signature **D. E. Tapp** (M. D. or other) **MD.**  
Address **4222 N. Grand** Date signed **12-7-42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

P

4222 N. Grand  
St. Louis, Mo.  
1-19 PM

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John A. Melinar, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed John A. Melinar  
Licensed Embalmer No. 4186  
P. O. Address St. Louis Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**